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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20066.81
First Named Inventor	Shlomo BEN-HAIM
COMPLETE IF KNOWN	
Application Number	/ To be assigned
Filing Date	To be assigned
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**REGULATION OF EXCITABLE TISSUE CONTROL OF THE HEART BASED ON
PHYSIOLOGICAL INPUT**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
127092	IL	11/16/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/107,479	11/06/1998	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Mark Montague	36,612
William H. Dippert	26,723		
R. Lewis Gable	22,479		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number OR Correspondence address below

Name	William H. Dippert				
Address	Cowan, Liebowitz & Latman, P.C.				
Address	1133 Avenue of the Americas				
City	New York		State	NY	ZIP
Country	USA	Telephone	(212) 790-9200		Fax
					(212) 575-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
Shlomo			BEN-HAIM				
Inventor's Signature						Date	
Residence: City	Haifa	State		Country	Israel	Citizenship	IL
Post Office Address	101 Yeffe Nof Street						
Post Office Address							
City	Haifa	State		ZIP	34454	Country	IL

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Nissim		DARVISH					
Inventor's Signature							Date
Residence: City	Haifa	State		Country	Israel	Citizenship	IL
Post Office Address	22A Hantke Street						
Post Office Address							
City	Haifa	State		ZIP	34606	Country	IL
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Itzhak		SHEMER					
Inventor's Signature							Date
Residence: City	Haifa	State		Country	Israel	Citizenship	IL
Post Office Address	11 Yarkon Street						
Post Office Address							
City	Haifa	State		ZIP	34465	Country	IL
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Yehuda		SNIR					
Inventor's Signature							Date
Residence: City	Yokneam Illit	State		Country	Israel	Citizenship	IL
Post Office Address	10/1 Hermon Street						
Post Office Address							
City	Yokneam Illit	State		ZIP	20692	Country	IL

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	March 10, 2004
First Named Inventor	Shlomo Ben-Haim
Title	Regulation Of Excitable Tissue...
Art Unit	
Examiner Name	
Attorney Docket Number	501049.20571

I hereby appoint:

 Practitioners associated with the Customer Number:

026418

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

026418

OR

<input type="checkbox"/>	Firm or Individual Name	Reed Smith LLP			
<input type="checkbox"/>	Address	599 Lexington Avenue			
<input type="checkbox"/>	Address	29th Floor			
<input type="checkbox"/>	City	New York	State	New York	Zip
<input type="checkbox"/>	Country		US		10022-7650
<input type="checkbox"/>	Telephone	212-521-5400	Fax		212-521-5450

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Impulse Dynamics N.V.		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

07/11/01 17:08 FAX 212 578 0671

COWAN, LIEBOWITZ & LATMAN

2003/005

41696

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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20066.81
First Named Inventor	Shlomo Ben-Haim
COMPLETE IF KNOWN	
Application Number	08 / 831,100
Filing Date	Not yet assigned
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention outlined.

REGULATION OF EXCITABLE TISSUE CONTROL OF THE HEART BASED ON PHYSIOLOGICAL INPUT

The specification of which

Title of the Invention

is assigned hereto
OR
 was filed on (MM/DD/YYYY) **05/03/2001** as United States Application Number or PCT International Application Number

Application Number **08/831,100** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 35 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International Application which was filed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PCT/IL89/00594	Israel	11/04/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/107,479	11/06/1998	<input type="checkbox"/>

[Page 1 of 2]
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07/11/01 17:08 FAX 212 576 0871 COWAN, LIBBOWITZ & LATMAN

006/006

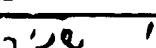
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
Nissimi			DARVISH				
Inventor's Signature						Date	25-07-01
Residence: City	Haifa	State		Country	IL	Citizenship	IL
Post Office Address	22A Hantke Street						
Post Office Address							
City	Haifa	State		Zip	34606	Country	IL
Name of Additional Joint Inventor, If any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
Itzhak			SHEMER				
Inventor's Signature						Date	15/8/01
Residence: City	Haifa	State		Country	IL	Citizenship	IL
Post Office Address	11 Yarkon Street						
Post Office Address							
City	Haifa	State		Zip	34465	Country	IL
Name of Additional Joint Inventor, If any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
Yehuda			SNIR				
Inventor's Signature						Date	29/03/01
Residence: City	Yokneam Illit	State		Country	IL	Citizenship	IL
Post Office Address	10/1 Hermon Street						
Post Office Address							
City	Yokneam Illit	State		ZIP	20692	Country	IL

Important Note: This form is estimated to take 0.4 hours to complete. This will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.